



551 Hot Springs Blvd
PO Box 1859
Pagosa Springs, CO 81147
970.264.4151
970.264.4634 (fax)

Business License Application

Please submit completed and signed form to the Town's Clerk's Office located 551 Hot Springs Blvd or mail to PO Box 1859, Pagosa Springs, CO 81147.

| Business/Owner Information | | | |
|----------------------------|---|-------------------|----------------------|
| Business Legal Name | | | FEIN: |
| DBA (Doing Business As) | | | CO Sales Tax #: |
| Physical Address | | | |
| Mailing Address: | | | |
| Phone Number: | | Fax Number | |
| Email: | | | Number of Employees: |
| Owner Name: | | Other Owner Name: | |
| Primary Contact (PC): | | PC Position: | |
| Phone Number: | | Fax Number | |
| Type of Business: | <div><input type="checkbox"/> Residential Business (home-based) <input type="checkbox"/> Seasonal (3 to 6 months) <input type="checkbox"/> Retail Business</div> <div><input type="checkbox"/> Service Business <input type="checkbox"/> Non-Profit <input type="checkbox"/> Lodging (All short-term & Vacation Rentals)</div> | | |
| Type of Ownership: | <div><input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship</div> <div><input type="checkbox"/> Franchise <input type="checkbox"/> Non-Profit Corporation (provide proof of status) <input type="checkbox"/> Other _____</div> | | |
| Describe Your Business: | Include nature of business, types of products and services to be provided Days of Operation: _____ Hours of Operation: _____ Dates of Operation: _____ | | |

| If Business is Physically Located in Town Limits | | | |
|---|--|--|--|
| Landlord Name: | | | |
| Landlord Mailing Address: | | | |
| Property Owner Association: | | Year business moved to location: | |
| Is your business a change of use/occupancy for this location? | <input type="checkbox"/> Yes <input type="checkbox"/> No | For businesses located within the Town Limits, what is the square footage of your business space: _____ sq ft | |
| Will there be ANY remodeling or building alterations? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Does business utilize any hazardous, toxic, or flammable materials? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Will you be installing a new sign or changing an existing sign? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, have you applied for a sign permit? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| Other Licenses Required | |
|--|---|
| <input type="checkbox"/> State Health Department License # _____ | <input type="checkbox"/> State Liquor License # _____ |
| <input type="checkbox"/> Colorado Cosmetology License # _____ | <input type="checkbox"/> Pagosa Lodger's Tax License # _____ |
| <input type="checkbox"/> Other License # _____ | <input type="checkbox"/> Colorado Real Estate License # _____ |

Business License #: _____

BUSINESS NAME: _____

Business License#: _____

| Fee Schedule | | | |
|---|------|-----------------------------------|---------------------------------|
| Description of Fees | | Amount Owed | |
| NEW Business Application Fee | \$25 | Business Application Fee | \$ Waived |
| Plus Business Class Fee Below | | Class Fee | \$ _____ |
| Class 1 – Businesses with 0-10 employees | \$25 | Total Due | \$ _____ |
| Class 2 – Businesses with 11-20 employees | \$40 | Total Paid | \$ _____ |
| Class 3 – Businesses with 21+ employees | \$50 | Date Paid: _____ | Rcvd by: _____ |
| Special Event Vendors | \$25 | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |

As the representative for this company,

- ☐ I understand an approved, current and issued Business License is required to conduct business within the Town of Pagosa Springs.
- ☐ I fully understand and will comply with all the rules and regulations of the Town of Pagosa Springs Municipal Code.
- ☐ This application is complete and correct to the best of my knowledge.

Applicant's Name (printed)_____
Applicant's Signature_____
Date**Approvals:**

| Planning Department | |
|--|--|
| Zone District: _____ Zoning Correct? <input type="checkbox"/> Yes <input type="checkbox"/> No | Conforming Sign : <input type="checkbox"/> Yes <input type="checkbox"/> No |
| CUP# _____ Variance # _____ Date: _____ | Sign Permit Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Approved <input type="checkbox"/> Deny <input type="checkbox"/> Held <input type="checkbox"/> N/A | Comments: |
| Signature: _____ Date: _____ | |

| Building Department | |
|---|---|
| Change of Occupancy or Use? <input type="checkbox"/> Yes <input type="checkbox"/> No | Old Occupancy: _____ New Occupancy: _____ |
| <input type="checkbox"/> Approved <input type="checkbox"/> Deny <input type="checkbox"/> Held | Comments: |
| Signature: _____ Date: _____ | |

| Sanitation Department | |
|---|---|
| Change of Occupancy or Use? <input type="checkbox"/> Yes <input type="checkbox"/> No | Old Occupancy: _____ New Occupancy: _____ |
| Unit of Measure: _____ Current ERTs Assessed: _____ | New ERTs Assessed: _____ |
| <input type="checkbox"/> Approved <input type="checkbox"/> Deny <input type="checkbox"/> Held | Comments: |
| Signature: _____ Date: _____ | |

| Pagosa Fire Protection District | |
|---|-----------|
| <input type="checkbox"/> Approved <input type="checkbox"/> Deny <input type="checkbox"/> Held | Comments: |
| Signature: _____ Date: _____ | |

| For Office Use Only | |
|--|--|
| <input type="checkbox"/> Sales Tax #Verified | <input type="checkbox"/> Dept. Approvals Completed |
| <input type="checkbox"/> License Approved by _____ | -- Mailed on _____ |